

115<sup>th</sup> CONGRESS



## VIETNAM VETERANS OF AMERICA LEGISLATIVE AGENDA & POLICY INITIATIVES



The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional as to how they perceive the veterans of earlier wars were treated and appreciated by their nation.

— GEORGE WASHINGTON, 1789

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## *Vietnam Veterans of America*

8719 Colesville Road, Suite 100 • Silver Spring, MD 20910 • Telephone (301) 585-4000

Faxes: Main (301) 585-0519 • Advocacy (301) 585-3180 • Communications (301) 585-5245

Finance (301) 585-5542 • Veterans Benefits (301) 585-2614

*A Not-For-Profit Veterans Service Organization Chartered by the United States Congress*

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In the last days of the 114<sup>th</sup> Congress, we achieved some notable victories: the enactment, after eight long years' effort, of the essence of the Toxic Exposure Research Act, legislation which should benefit our children and our children's children; and the Fairness for Veterans Act, which instructs the Department of Defense to apply liberal consideration to recent veterans with bad paper who are appealing their discharge on the basis of PTSD that was never taken into consideration.

At VVA National Headquarters "inside the Beltway," our staff employs institutional knowledge, political savvy, and personal relationships to advance our legislative agenda and policy initiatives. They write and deliver testimony before Congress, compose letters on key issues and bills, interact with top officials at the Department of Veterans Affairs, meet with key staff and Members of Congress. But they don't do it alone.

VVA is about grassroots advocacy. Rick Weidman, Executive Director for Policy and Government Affairs, has often noted that half a dozen visits from our staff to the office of a Senator or Representative is equal to a single visit from you, the constituents of their state or district. It is doubtful the toxic exposure bill would have been enacted had it not been for the scores of town hall meetings in just about every corner of our country that amplified the drumbeat of our Ms. Porter's "Faces of Agent Orange" initiative.

We are now in the first years of a new administration, and our issues, rather than receding, are as potent as ever: Access to quality health care; greater focus on the unique health-care needs of women vets and aging vets; acknowledgment of the lingering effects of some of the so-called invisible wounds of war; and modernization of an antiquated disability compensation system, to list a few.

We cannot rest on our laurels. Even though there are some fine young veterans who have been taking up the cudgel of advocacy, we are, yet again, in the thick of the fray. And it will be your efforts, in the cities and counties, suburbs and rural backwaters, of this land that we love, that we have served, that some of us have bled for, that will enable us to keep, and to increase, the benefits we have earned by virtue of our service in uniform.

John Rowan  
National President

## Top Priorities

**The Fullest Possible Accounting** of America's POW/MIAs has long been VVA's top priority. On May 7, 1975, the end of the Vietnam era, the Department of Defense listed 2,636 Americans as missing in Southeast Asia. VVA will continue to press for answers for the more than 1,600 Americans still listed as killed in action, body not recovered, in Vietnam, Laos, Cambodia, and the People's Republic



of China. We will assist the Defense POW/MIA Accounting Agency in their mission and ensure they receive the funding and leadership needed to investigate crash and burial sites. And we will continue our Veterans Initiative Program, working veteran to veteran with the former enemy in Vietnam, in the former Soviet Union, and elsewhere, exchanging information and ensuring continued cooperation in pursuit of those still missing from the war.

\* \* \*

In our nine-year battle for justice, we have achieved what many in Washington doubted could be done. On December 16, President Obama signed into law H.R. 6416, the *Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act*, which incorporates language of the *Toxic Exposure Research Act*. This legislation, a necessary first step, will establish the groundwork for the research we need on the health of our veterans' children and grandchildren, whom we believe have been impacted by exposures during our military service—and in keeping with our founding principle, this legislation will ensure that our newer veterans will not have to wait 50 years for answers.

## The Legacy of Toxic Exposures

The exposure of Vietnam veterans to harmful herbicides and chemicals is not atypical. In the wake of the first Gulf war, 110,000 troops reported a range of health issues now referred to as “Gulf War Illness.” In the wars in Afghanistan and Iraq, thousands of veterans have developed respiratory and dermatological ills from exposure to burn pits and from the harmful side effects of the anti-malarial mefloquine and other drugs. VVA will work to introduce and enact the *Toxic Wounds Registries Act of 2017*, which will direct the Secretary of Veterans Affairs to establish a master registry to incorporate registries for:

- Exposure to Agent Orange during and in the aftermath of the Vietnam War;
- Exposure to toxins relating to a deployment during the 1990 Persian Gulf War;
- Exposure to toxins from a deployment during Operations Iraqi Freedom, New Dawn, and Enduring Freedom, and the Global War on Terror;
- Exposure to toxins during a deployment to Bosnia, Somalia, or the Philippines; and
- Exposure to toxins while stationed at a military installation contaminated by toxic substances overseas or here in CONUS.

The *Toxic Wounds Registries Act* would authorize the VA Secretary to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine to review published scientific information and studies, make recommendations for future research on the health effects of the exposures covered in

these registries; and require those reviews to inform the Secretary’s selection of research to be conducted or funded by the VA.

Additionally, the *Toxic Wounds Registries Act* would establish a presumption of service connection for an illness the VA Secretary determines to warrant such a presumption, based on a positive association with exposure to a toxic substance covered in the master registry.

### Extending and Expanding the Relationship with the NAM

*The Agent Orange Act of 1991* mandated that the Department of Veterans Affairs engage the Institute of Medicine of the National Academies of Sciences to conduct biennial reviews of the latest scientific literature, to hold public hearings, and to produce and publish their findings on health conditions that may have an association with exposure to dioxin. *Veterans and Agent Orange: Update 2014* is the tenth and last congressionally mandated biennial update.

There is a real need for Congress to authorize funding so that the updates can continue and the reviews of literature are expanded in scope to include the effects of military toxic exposures on veterans of *all* eras, in places like Ft. McClellan, Arkansas; Ft. Detrick, Maryland; and the Marine base at El Toro, California.

## Fixing the VA

### **We are dealing with veterans, not procedures; with their problems, not ours.**

— GENERAL OMAR N. BRADLEY, ADMINISTRATOR OF VETERANS AFFAIRS, 1946

In response to the VA healthcare crisis resulting from the shortage of qualified healthcare professionals, Congress enacted the *Veterans Access, Choice, and Accountability Act of 2014*. In addition to establishing the temporary Choice Program to expand access to healthcare in the community, the legislation established the Commission on Access to Care to examine access and to look ahead at how veterans' care should be organized and delivered over the next two decades.

Among the areas we believe require significant improvement:

#### **Oversight and Accountability**

The formula for estimating the future funding needs of the VA healthcare system has been incorrect since its implementation in 2003. It is a formula based on the health of the civilian population, and as such, it fails to estimate the cost of the complex needs of combat-wounded warriors; the greater medical and mental health needs of the average VA patient; and increased enrollment. The bottom line is the VHA does not have enough clinicians to accommodate the veterans who use its facilities.

Adequate funding is not the singular fix in shrinking the backlog of claims and appeals at the Veterans Benefits Administration. VVA will continue to work with the VBA to introduce and integrate IT pilot projects that streamline the

compensation and pension system. VVA also calls for competency-based testing of service representatives and VA adjudicators; “challenge training” for all staff; and expansion of the “lane” model to reduce the scandalous number of overpayment cases.

On a parallel track, there needs to be real accountability in the management of the VHA. Bonuses should reward only those who have done stellar work over and above their normal responsibilities, and those who innovate and improve the systems and projects under their auspices. Conversely, any manager or supervisor who lies to a veteran, to their supervisor, or to a Member of Congress should be dismissed for cause.

#### **Organizational Capacity for Substance-abuse Treatment**

Substance-abuse disorders among our nation's veterans are not being adequately addressed. The high rate of untreated drug- and alcohol-abuse among veterans—some of which is self-medication for untreated PTSD and TBI—is causing hurt and suffering for veterans and our families.

VVA urges Congress to direct the Secretary of the VA to provide quarterly reports, beginning with a baseline report by each Veterans Integrated Service Network and each VA Medical Center, on the number and type of mental-health clinicians,

especially those who treat veterans for PTSD and substance abuse.

VVA also urges Congress to direct the Secretary to update the VHA Strategic Plan for Mental Health Services.

At minimum, quarterly reports should include:

- The ranking of networks on substance-abuse treatment capacity, along with plans developed by the lowest quartile to bring their operation up to the national average;
- The locations of VA facilities that provide five or more days of inpatient/residential detoxification services; and
- The locations of VA healthcare facilities that do not have specialized substance-use disorder providers on staff, with a statement of intention by the facility director of plans to provide this care.

### **National Center for PTSD**

Additional resources must be directed toward the National Center for PTSD to expand organizational capacity. With access to treatment, veterans afflicted with PTSD and/or TBI have a chance of becoming well enough to lead a productive life.

### **Separate Funding Line for the Vet Centers**

Funding for the Vet Centers – the Readjustment Counseling Service – should include dollars directed at developing or augmenting permanent staff and facilitating coordination between the PTSD teams and substance-use disorder programs at the VA Medical Centers and at community-based outreach clinics.

The Secretary of the VA and the Secretary of Health and Human Services should work with state governments to provide counseling through community mental-health centers to the families of those returning from combat deployments.

### **Resources for Blind and Low Vision Veterans**

VVA recommends that Congress direct funding to increase staffing and programming at the VA's Visually Impaired Services Team (VIST) centers and to designate at least one additional center within the VA; that Congress direct the Secretary of the VA to address the lack of accessibility of its websites and other written communications; that Congress address the need for VA to adopt technology that gives blinded veterans access to safety warnings and other information about prescription medications they receive from VA pharmacies; and that funding is directed toward research and treatment of vision-related conditions plaguing Vietnam veterans exposed to toxic substances during their service, including the link between Agent Orange and choroidal melanoma eye cancer.

### **Medical and Prosthetic Research**

VA's research program is distinct from that of the National Institutes of Health as it was created to respond to the unique medical needs of veterans. VVA recommends a significant increase in appropriations for medical research aimed at funding peer-reviewed research on toxins that have impacted members of the military and/or their families, particularly their progeny; on post-deployment mental-health issues; Traumatic Brain Injury; long-term care service delivery; and prosthetics.

## **National Vietnam Veterans Longitudinal Study**

The National Vietnam Veterans Longitudinal Study (NVVLS) was completed in 2015, and since then, it has languished at the VA Central Office. VA's general counsel cites a "legal problem" associated with the release of the study to Congress. Of grave concern was the VA general counsel's desire to destroy the data of the original National Vietnam Veterans Readjustment Study (NVVRS), completed in 1988; had the VA done so, the follow-up study could not have been attempted.

VVA exhorts Congress to designate the Medical Follow-up Agency (MFUA) as the repository of the data from NVVRS, NVVLS, and other such studies. VVA urges Congress to appropriate funding to preserve and automate data from all large-scale studies. VVA further urges a specific line item for MFUA, directing the immediate turnover of the data by VA to MFUA.

VVA also urges Congress to mandate and fund longitudinal studies for the veterans of the 1991 Gulf War, Operations Iraqi Freedom and New Dawn, and Operation Enduring Freedom.

## **Outreach**

Far too many of our nation's veterans are unaware of the benefits they have earned as a result of their military service. The VA has a moral and legal responsibility to inform veterans and their families of the benefits to which they are entitled and of the potential long-term health risks associated with the time and place of their service.

Although the VA has, in the past few years, conducted more outreach, we have yet to see a communications plan that integrates TV and radio PSAs, billboards, strategically placed feature

stories, and social media in a targeted campaign about issues and benefits to reach veterans and their families.

## **Extending the Caregivers Act**

VVA supported the *Caregivers and Veterans Omnibus Health Services Act of 2010* to assist family caregivers of warriors catastrophically wounded after 9/11. The VA Secretary was to report to Congress on the value of extending the program to caregivers of wounded pre-9/11 veterans. That report was two years late. VVA will work with legislators to enact a bill that encompasses qualified caregivers of veterans who served before 9/11; and we will work with leadership to make such legislation a priority, despite any budgetary misgivings.

## **Clearing Up the 'Backlog'**

The VBA has made significant progress in shrinking the backlog of claims while adjudicating an increasing number of new claims. Still, it must move forward with focus and force.

With the VBA's enhanced "lane" system, relatively simple claims can now be resolved expeditiously. Claims for the obvious, e.g., the traumatic amputation of a limb, or blindness, or paralysis, also could receive an initial adjudication for the major wound, with associated or secondary conditions rated later. Under the current system, VBA managers grade their raters on volume and speed at the cost of accuracy. What is needed is a revised standard for the adjudication of claims that credits raters for accuracy, rather than for speed and volume, as well as a revamped training regimen for raters, accredited Veterans Service Officers, and all VBA employees dealing with benefits.



## Organizational Reform

The VA moved in the right direction by creating an Office of Economic Opportunity. This administrative change, however, does not go far enough. VVA, therefore, will press for legislation to create a fourth entity within the VA: the Veterans Economic Opportunities Administration,

to be headed by an Under Secretary nominated by the President and confirmed by the Senate.

The VEOA would house the Vocational Rehabilitation Service, the Veterans Education Service, and the Center for Verification and

## ADDRESSING VETERANS' CIVIL, CONSTITUTIONAL & LEGAL RIGHTS

When service members leave the military, they encounter a legal system that denies them many of the same basic civil rights they served to protect. VVA has worked with some of the nation's top veterans' legal advocates to develop what could potentially be the most significant legislation ever proposed on behalf of veterans: the Veterans Civil Rights Act.

The VCRA encompasses the following:

1. **Due Process Rights** – Codifies existing 5<sup>th</sup> Amendment protections for veterans' benefits into statute.
2. **Evidentiary Rights** – Ensures that every veteran has access to all documents in their claim for disability compensation and other legal matters.
3. **Access to District Courts** – Enables veterans to challenge, in district court, agency procedures and patterns of practice violations, on their own behalf and on behalf of a class.
4. **Substitution of Survivors** – Automatically substitutes a veteran's survivor as claimant upon the death of the veteran.
5. **Tort Reform** – Revises the Federal Torts Claims Act to clarify that veterans can bring an action seeking compensation if they are injured by government action in non-combat or combat training-related situations.
6. **Procedural Rights** – Requires the VA to produce all relevant documents and witnesses requested by veterans to support their claims for benefits and to investigate claims of misconduct.

7. **Fiduciary Rights** – Requires the VA to recognize fiduciaries designated by veterans and provides stronger protections for veterans and their families from VA abuses.
8. **Interruption of Medical Care** – Disincentivizes the VA from unnecessarily severing, reducing, or interrupting a veteran's medical treatment.
9. **Elimination of Excess Inventory** – Requires the VA to use an independent consultant to create a plan to eliminate excess inventory within three years.
10. **Timely Hearings** – Sets timelines for veteran-requested hearings and for various steps in the appeals process.
11. **Creation of Three-judge Panels** – Requires appeals to be decided by three judges rather than one and provides that decisions by such panels set legal precedent so that veterans who raise the same issues do not need to re-litigate these issues but instead can rely on prior decisions issued by three-judge panels.
12. **Reduction of Medical Delays** – Provides a medically trained ombudsman at each VISN authorized to refer veterans to private care when VA treatment deadlines are missed.

Access to district courts is at the heart of the VCRA, which clarifies statutory language so that veterans can bring actions in U.S. District Court to challenge agency actions that violate their rights. VVA believes the VCRA represents the best way to attack all manner of delays currently plaguing veterans.

Evaluation. It would grant functional control, if not the outright transfer, of the Veterans Employment and Training Service (VETS) from the Department of Labor, as well as newly federalized DVOP (Disabled Veterans Outreach Program) and LVER (Local Veterans Employment Representative) positions, which currently reside in state departments of labor.

## Additional Priorities & Initiatives

### Prisoners of War/Missing in Action

- VVA continues to work toward the fullest possible accounting on multiple fronts—with government agencies charged with the mission of personnel recovery; with the National League of Families; with our chapters and state councils; and with former adversaries in Vietnam and elsewhere.
- Since 1994, VVA’s Veterans Initiative Program has supported the efforts of the Department of Defense in its mission to account for Americans listed as POW or MIA. By returning artifacts taken during the war and by helping locate gravesites of Vietnamese soldiers, VVA encourages Vietnamese witnesses to assist in the location and recovery of Americans listed as missing.
- VVA will endeavor to ensure that the U.S.-Russia Joint Commission on POW/MIA Affairs remain a separate and independent entity with an adequate budget.
- VVA will press to have all U.S. government documents pertaining to POW/MIAs declassified and released for public

inspection, and VVA will encourage Congress to pass a resolution urging the governments of Vietnam, the former Soviet Union, and China to provide all relevant wartime records.

- VVA urges the year-round display of the POW/MIA flag on all government buildings.
- VVA will endeavor to press the appropriate authorities to authorize a Perpetual POW/MIA “Forever Stamp” to add awareness about an issue that resonates across the community of veterans.

### Agent Orange/Dioxin & Other Toxic Substances

- Now that Congress has enacted key facets of the Toxic Exposure Research Act, VVA will work with the relevant federal departments to implement the necessary research on the effects of military toxic exposures on the progeny of veterans.
- VVA continues to support legislative efforts to achieve justice for “Blue Water” Navy veterans who served aboard ships in Yankee and Dixie Stations in the Gulf of Tonkin and in the South China Sea, and for veterans who served at Fort McClellan, Fort Detrick, and other bases in CONUS, and in Guam, Okinawa, Korea, the Philippines, Thailand, and Johnston Atoll where Agent Orange and other toxic agents were stored.
- VVA calls on Congress and the President to declassify all documents pertaining to herbicides and other toxins employed in the Vietnam War, including memos between agencies, and make them public now, as the nation commemorates 50 years since our

government first sent troops to Southeast Asia – and sprayed some 20 million gallons of these toxic compounds over 2-1/2 million acres of the former South Vietnam.

## PTSD and Substance Abuse

- VVA will continue our efforts to ensure that the Department of Defense corrects all wrongful diagnoses of “personality disorder,” “adjustment disorder,” and “readjustment disorder” discharges of its men and women, so that all veterans found to have been inappropriately diagnosed and discharged are correctly diagnosed and accorded access to the benefits, care, and discharge upgrade they deserve and to which they are entitled.
- VVA will work with Congress to ensure that DoD and VA develop, fund, and implement evidence-based, integrated psychosocial mental-health programs, substance-abuse recovery treatment programs, and suicide-risk assessment programs for all veterans, including active-duty troops, Reservists, members of the National Guard, and their families.
- VVA will work with Congress to take whatever measures are deemed necessary to ensure accountability for the organizational capacity and funding for accurate diagnoses and treatments through the application of evidence-based instruments of the neuro-psychiatric wounds of war, particularly for Post-traumatic Stress Disorder, substance abuse, Traumatic Brain Injury, suicide risk, and addiction.

## Veterans Health Care

- VVA will insist that VA researchers focus on studies that delve into the wounds, maladies, injuries, and traumas of war, with specific research into the health issues unique to all U.S. military operations and troop deployments.
- VVA will encourage Congress to mandate that the VA change its overly restrictive and secretive process for adding, or not adding, pharmaceutical treatments and drugs to its prescription drug formulary and to bring it into line with the more transparent and expansive formulary process used by DoD.
- VVA will continue to press the VA to research and implement long-term care and wellness options for our country’s aging veteran cohort, a need that is only going to increase over the next decade.
- VVA will continue to demand that the VA become a signatory to the Genetic Information Nondiscrimination Act of 2008.

## Homeless Veterans

- VVA will seek legislative action to extend authority for five years and to revise the VA’s Homeless Grant and Per Diem funding from a reimbursement for expenses to a payment, a change that is essential to the effective operation of those community-based organizations delivering the majority of these services.
- Because per diem dollars received by service centers are not enough to meet the special needs of homeless veterans who seek

assistance, and because service centers for veterans are vital in that most local social services agencies have neither the knowledge nor the capacity to provide appropriate supportive services that directly involve the treatment, care, and entitlements of veterans, VVA will seek legislation to establish Supportive Services Assistance Grants for VA Homeless Grant and Per Diem Service Center Grant awardees.

## Veterans in the Justice System

- VVA will work with Congress and the Department of Justice to ensure that incarcerated veterans as well as veterans in Veterans Treatment Courts are identified, assessed for Post-traumatic Stress Disorder and/or Traumatic Brain Injury, and, where appropriate, support alternative diversionary treatment services, specifically veterans treatment courts, that have proven effective in increasing numbers of jurisdictions across the country.
- VVA will endeavor to take measures to ensure the provision of reentry and support services for incarcerated veterans.
- VVA will work with Congress to ensure that the VA provides benefits for veterans who are temporarily confined in jail or incarcerated in prison.

## Women Veterans

- VVA will press for joint hearings in the Veterans' Affairs and Armed Services Committees in both the House and Senate to directly address the occurrence of military sexual trauma, calling for accountability at all levels of leadership in DoD.

- VVA will seek an evaluation of all sexual trauma intensive treatment residential programs to determine if wait-time for admission is appropriate and geographically accessible.
- VVA will request a Government Accountability Office report on the administration of women veterans' health programs in the VA, identifying barriers to and root causes of any disparities in the provision of comprehensive medical and mental health care, including Compensation and Pension examinations, to meet the needs of these veterans.

## Minority Veterans

- VVA will support legislation that will ensure that veterans receive culturally and linguistically appropriate health care, as defined in guidelines issued in 2002 by the VA's under secretary for health.



## Compensation & Pension

- VVA will seek enactment of legislation to secure a pension for Gold Star parents, and will continue to seek the permanent prohibition of offsets of Survivors' Benefit Plan (SBP) and Dependency and Indemnity Compensation (DIC) for the survivors of service members who die while still in the military.

- To promote uniformity in claims decisions, VVA will seek a change in current policy to mandate that VA staff, VSO and county veterans service representatives, and other stakeholders collaborate on developing uniform training materials, programs, and competency-based re-certification exams every three years for service officers.
- VVA will continue to “encourage” the Veterans Benefits Administration to direct raters to follow the “best practices” manual in determining the degree of disability and percentage of compensation for veterans suffering from PTSD and other mental health conditions.
- VVA will advocate for veterans with a 50 percent or greater disability rating to be eligible to receive/purchase the same level of government life insurance as veterans rated at 100 percent.
- In a related matter, VEVRA and the Office of Federal Contract Compliance must either be reformed wholesale or eliminated, inasmuch as OFCCP is not helping veterans secure positions with contractors and is so far askew from its original purpose that it is doing far more damage than good, angering employers by imposing arbitrary and capricious “assessments” that are nothing more than unwarranted fines.
- Inasmuch as the Supreme Court ruled in the Kingdomware case that the VA must continue to apply the “rule of two” for veteran-owned small businesses even if the agency surpassed its annual prime contracting goals, VVA will monitor the implementation that the rule must apply to task and delivery orders under all multiple-award contracts.

## Economic Opportunity

- VVA will ramp up our efforts to ensure that veterans returning from deployments are accorded Veterans’ Preference when applying for government jobs and are given every advantage when seeking employment in private industry or in setting up their own business; and we will encourage the VA and the Office of Personnel Management to recruit veterans before they separate from service, especially for in-demand occupations such as IT and the healing arts.
- VVA will work to achieve real due process for veterans under the Vietnam-era Veterans Readjustment Assistance Act (VEVRA).
- VVA will seek legislation to protect veterans, including incarcerated veterans, active-duty service members, Reservists, and members of the National Guard from discrimination in housing and employment.
- VVA will seek the renaming of the Vietnam-era Veterans Readjustment Assistance Act (VEVRA) to the Wartime and Disabled Veterans Readjustment Assistance Act (WADVRA), expanding this legislation to embrace veterans of all wars and actively enforcing its provisions and posting its reports on the internet.

## The Newest Veterans

- VVA will continue to press DoD and VA to ensure that they have adequate mental-health personnel and services to meet the needs of this generation of veterans, inasmuch as we cannot emphasize too strongly the urgent and ongoing need for adequate PTSD care for every generation in rural or remote areas of the country, as well as in urban or suburban settings.
- VVA will continue to demand that the President and Congress work to support veterans who have been denied proper diagnostic services and care to treat wounds and injuries related to their service, including the many veterans who have been inappropriately branded with other-than-honorable discharges.
- VVA will continue to promulgate and support new public and private initiatives to create jobs for returning veterans, especially for members of the Reserves and National Guard, and to ensure that supportive services, e.g., mentoring programs, are integral elements of these initiatives.
- VVA will continue to work with Congress, the Administration, the Consumer Financial Protection Bureau, and Veterans Educational Success and other entities to help expose the excesses, greed, and shame of any institution guilty of fraudulent practices that deceive and rip off the veterans they are supposed to prepare for a career.
- VVA will continue to work to improve educational and vocational programs such as the Post-9/11 GI Bill and Vocational

Rehabilitation so that student veterans are able to achieve their maximum potential without drowning in debt.

### VETERANS HEALTH COUNCIL

The mission of the VHC is three-fold:

- 1) To inform veterans and their families about health issues related to their military service as well as VA health care and benefits available to them.
- 2) To educate physicians, clinicians, and other healthcare professionals about health issues associated with military service.
- 3) In concert with other healthcare organizations, to develop educational materials for medical colleges, nursing schools, teaching hospitals, and related entities that emphasize the healthcare needs of veterans.

To these ends, the VHC will continue its education, information, and advocacy initiatives to improve the quality of health care for all of America's veterans, and will continue as well to press the VA to develop and implement a unified strategic outreach plan to do so.

*Additional information can be found online at <http://veteranshealthcouncil.com/>*

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CREDITS

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**Never again will one generation of veterans abandon another.**



**Vietnam Veterans of America**

8719 Colesville Road, Suite 100

Silver Spring, Maryland 20910

301-585-4000

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[youtube.com/user/VietnamVetsAmerica](https://www.youtube.com/user/VietnamVetsAmerica)